

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10713330**  
APPLICANT(S)

FILING DATE **11-17-03**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		4				
7		2				
8		2				
9		4				
10		4				
11		5				
12		4				
13		5				
14		4				
15		5				
16		4				
17		5				
18		5				
19		4				
20		4				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	109					
TOTAL CLAIMS	110					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						